

## U.S. Representative Mike Rogers 3<sup>rd</sup> District Alabama Privacy Release Form for Military Casework Please print or type:

Full Name: (last) (fir	rst) (MI)
Street Address:	
City: State:	Zip:
Home Phone: Work Phone	e:
Social Security #: Date of Bir	rth:
Rank: Branch of S	Service:
Base of Assignment:	
Military Unit Address:	
CO's Name: CO's Phon	ne:
Pursuant to the Privacy Act of 1974, I authorize the Depart to release personal information to Congressman Mike Roge	
assist me with the above matter.	
Signature:	//